

Consent Form - Medical History



Name: _____

CLIENT DETAILS

Full name:

Address:

Postcode:

Telephone:

Mobile:

Date of Birth:

Age:

Email: _____

Are you under the influence of drugs or alcohol? YES/NO

Are you pregnant or breastfeeding? YES/NO

Are you fit and well to go ahead with the micropigmentation treatment? YES/NO

TREATMENT DETAILS

Procedure (e.g. Eyebrows): Additional information:

ABOUT THIS CONSENT FORM

It is required by law that any person wanting to have a micropigmentation treatment should be informed of all the circumstances relating to it, before the actual procedure is carried out. This information will be collected in a document such as this, which must be signed both by the customer and by the technical specialist who will carry out the treatment. The customer has the right to reject this document, once read, without expressing any motivation and, therefore, cancelling the procedure that was planned.

PHOTOGRAPHY

I agree to the taking of photographs before, during and after the micropigmentation procedure. The photographs will be kept in my personal case file (see data protection below) and may only be used for promotional purposes with my written approval.

YES/NO

DATA PROTECTION

In accordance with the United Kingdom Data Protection Act 1998 (DPA), we hereby inform the applicant that the personal data provided will be incorporated into a file of data of which we will notify the data protection agency.

The clinic / specialist is responsible for the related information, using them for the sole purpose of managing the contracted treatment and send commercial information regarding micropigmentation treatments.

The micropigmentation technician mentioned above is responsible for using it for the sole purpose of carrying out the contracted treatment. The interested party may exercise their rights of access, rectification, opposition and cancellation by sending certified mail, to the person responsible for the file mentioned above.

I have read and understand all the information on this page: **(Sign here please)**

PATCH TEST WAIVER

I understand that an allergy test can determine within 24 hours whether or not I will have a reaction to the products to be used but that it is not guaranteed I will not have any sort of reaction at a later stage.

Therefore, I declare that I waive the patch testing offered to me and accept full responsibility should a reaction to any pigment implanted occur. I understand that this is a rare occurrence but is a possibility. Should this occurrence happen I will contact my GP immediately and inform my technician

Please sign here if you waive the patch test:

CONSENT TO PATCH TESTING

I declare I have had a patch test offered to me before treatment and want this carried out. However, I understand that this patch test does not guarantee I will not have a reaction to the pigments. I take full responsibility if such an occurrence should arise, however I understand that this is rare. Should this occurrence happen I will contact my GP immediately and inform my technician.

TITANIUM DIOXIDE Some pigments contain Titanium Dioxide which is not always visible in the skin. Laser treatments can alter the colour therefore it is imperative to always inform your laser specialist about your micropigmentation procedures.

NICKEL Some pigments may contain very small traces of Nickel therefore it is advised to have a patch test if you have an allergy to Nickel

Please sign here for approval of patch testing:

TECHNICIAN - INFORMATION ON PRODUCTS USED

Pigment used: _____ Lot nr Pigment: _____ Expiry Date: _____ Needle used:
_____ Lot nr Needle: _____ Expiry Date: _____

POSSIBLE RISKS

DISCOMFORT

There can be discomfort even after the soothing cream has been used. Lip procedures are more likely to involve some discomfort.

INFECTION

Infection is very unusual. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. See "After Care" sheet for instructions on care protocol.

FADED COLOURS

This can result from poor healing, infection, bleeding or many other causes. Your follow up appointment will correct any uneven appearance.

ALLERGIC REACTION

There is a small possibility of an allergic reaction however this is very unlikely.

SWELLING / REDNESS

After each treatment some swelling or redness in the treated area can occur. Your specialist will recommend how to take care of this.

EYE EXPOSURE

There is a small risk of eye injury when an eyeliner procedure is performed. To avoid corneal abrasion, celluvisc, a thick eye drop is used to protect the eye prior to the procedure. Eye drops are used to cleanse and flush the eye after the procedure is complete.

ANAESTHETICS

Topical anaesthetics are used to numb the area to be tattooed. If you are allergic to any anaesthetics, please inform your technician about this on the medical health form.

MRI SCANS

Because some of the pigments used contain iron oxides, a low-level magnet may be required if you need to be scanned by an MRI machine. You must inform your medical specialist of any tattoos or micropigmentation.

COLD SORES (FOR TREATMENT OF LIPS)

If you are prone to cold sores or fever blisters (herpes simplex / Zoster), there is a high probability that a lip procedure will cause an outbreak. It is advised that you call your doctor for a prescription of anti-viral to help prevent this from occurring.

I have read and understand all the information on this page: _____(Sign here please)

MEDICAL HEALTH FORM

Doctor: Surgery: Medications: Know Allergies:

MEDICAL CHECK LIST - Please tick where appropriate

Abnormal Heart Condition Mitral Valve Prolapsed Rheumatic Fever
Artificial Heart Valves Haemophilia

High Blood Pressure Circulatory Problems Epilepsy
Kidney Disease Stomach Ulcers Cancer

Stroke
Prosthetic Hip or Joint
Systemic Lupus Erythematosus Shingles
Impetigo
Blurred Vision
Do you suffer from eye Infections, Ocular, Herpes
Contact Lenses
Chapped Lips

Other (please specify):

Palpitations
Heart Murmur Pacemaker Anaemia
Prolonged Bleeding Low Blood Pressure Diabetes

Fainting Spells or Dizziness Liver Disease
Glaucoma
Tumours, Growths or Cysts Tuberculosis
HIV
Dermal Fillers i.e. restylane
Do you have Healing Problems?
Do you scar in a raised manner?
Do your scars heal a darker colour than the rest of your skin?
Keloid Scars
Acutance within 6 months Steroids within 6 months
Hepatitis
Seizures

Cataracts
Dry Eyes
Alopecia
Watery Eyes
Eyelid Surgery
Trichollomania
Cold Sores (herpes simplex)
Gore-Tex Implants/Silicone Injections
Fat Injections
Botox Enhancement
Recent Hair Loss
Auto immune conditions Other Tattoos
Bruise or Bleed Easily Asthma
Do you tan regularly?

CONSENT FOR MICROPIGMENTATION TREATMENT

I have been informed that micropigmentation is a technique of micro implantation of pigments in the skin; results will fade gradually due to different causes such as the intensity of the applied colour, use of inappropriate cosmetics on the area, no adequate after care or other special circumstances.

The technician has made me a design prior to the treatment, which I have checked again today, and I agree with this as well as the chosen pigment colour and intensity.

I acknowledge that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s) and I have had the opportunity to ask questions and all of my questions have been answered. I understand that with-holding any medical information can be detrimental to my health and the outcome of my treatment.

I understand that no guarantees can be given on the success or longevity of my treatment and hereby give my written consent to have this procedure carried out by my micropigmentation specialist

CLIENT SIGNATURE

SPECIALIST SIGNATURE

DATE

